

SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Yuma  
District of San Carlos  
Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Steeleborn Lee  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Female  
To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? yes  
7. Date of birth 14-9-27  
Month day year

3. FATHER  
Full name Walter Lee

9. Residence  
(Usual place of abode) San Carlos  
If nonresident, give place and state Ariz

10. Color or race 4/4 Indian  
11. Age at last birthday 31 (Years)

12. Birthplace (city or place) White River Reservoir  
(State or country) Ariz

13. Occupation  
Nature of industry Common Laborer

14. MOTHER  
Full maiden name Ara Baylitch

15. Residence  
(Usual place of abode) San Carlos  
If nonresident, give place and state Ariz

16. Color or race 4/4 Indian  
17. Age at last birthday 41 (Years)

18. Birthplace (city or place) San Carlos  
(State or country) Ariz

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 4  
(c) Stillborn 6  
21. Were precautions taken against ophthalmia neonatorum? no

Repeal CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was Steeleborn at 6 a m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from supplemental report \_\_\_\_\_  
Signature O. H. Sawyer M.D.  
Address San Carlos Ariz  
(Physician or midwife)

Month, day, year. \_\_\_\_\_  
Filed \_\_\_\_\_ 19\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed \_\_\_\_\_ 19\_\_\_\_  
Local Registrar. O. H. Sawyer  
County Registrar. \_\_\_\_\_

095-409-628